

DEC'D SEP 12 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

 27306
 Do not use this space.

1. PLACE OF DEATH

 (a) County
 (b) Township
 (c) City St. Louis
 (d) Street No. City Hospital No. 1
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

 D. 6702
 2. PRINT FULL NAME Amelia Zay
 (a) Residence, No. 3335 a Oregon St. (Usual place of abode, if no street address, write county or city) (24) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

 3. SEX female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WHO WED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Zay
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10, 1899

 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 8 6

 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. hwk
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 7

 FATHER
 13. NAME Peter Schneider 7

 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 7

 MOTHER
 15. MAIDEN NAME Ida Bittinger

 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

 17. INFORMANT (ADDRESS) Hosp. Info M. Kent

 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Ch'yard DATE 8-18 1938

 19. FUNERAL DIRECTOR (ADDRESS) With Bro. L & W. 2929 S. Jefferson Av.

 20. FILING DATE AUG 18 1938 J. E. Brubaker Local Registrar

MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/16/38 19

 22. I HEREBY CERTIFY, That I attended deceased from 8/10/38 to 8/16/38, 19

 I last saw her alive on 8/16/38, 19. Death is said to have occurred on the date stated above, at 5.15 a
 The principal cause of death and related causes of importance were as follows:

Peri Nephric Abscess
Diabetes Mellitus

Date of onset

Other contributory causes of importance: 59
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)

 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury

 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) V. E. Friedman, M. D.
 (Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin, Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul A. Shanklin

..... L. E.

No. 3472 or by Registered Apprentice No.
working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)